



N.C. Department of Health  
and Human Services

# Implementation Plan for Statewide Telepsychiatry Program

Committee on Health Care Provider Practice Sustainability  
and Training/Additional Transparency in Health Care

Dr. Robin Gary Cummings  
Deputy Secretary for Health Services

December 16, 2013



# East Carolina University Health Sciences Campus





## **In North Carolina, there is a shortage of mental health services in 58 counties**

According to federal guidelines, 58 counties in North Carolina qualify as Health Professional Shortage Areas because of shortages of mental health providers to meet population needs.



## **The majority of NC Emergency Departments do not have access to a full-time psychiatrist**

- Currently, there are 108 hospitals with either single ED's, or in some cases, multiple site ED's across the state with varying degrees of psychiatric coverage.
- The majority of ED's do not have access to a full-time psychiatrist.



In recent years North Carolina has seen high emergency department admissions related to behavioral health issues and extended lengths of stays (LOS), ranging from long hours to multiple days<sup>1</sup>.

- 1) Akland, G. & Akland, A. (2010). State psychiatric hospital admission delays in North Carolina. Retrieved from [http://www.nami-wake.org/files/NAMI\\_Wake\\_State\\_Psych\\_Hospital\\_Delays\\_Report.pdf](http://www.nami-wake.org/files/NAMI_Wake_State_Psych_Hospital_Delays_Report.pdf)



## Telepsychiatry can offer help!

Telepsychiatry is defined in the statute as *the delivery of acute mental health or substance abuse care, including diagnosis or treatment, by means of two-way real-time interactive audio and video by a consulting provider at a consultant site to an individual patient at a referring site.*



## Rationale for Use of Telepsychiatry

- Access to care
- Enhanced efficiency of care provision
- Shorten time to treatment
- Enhance professional communication
- Education/Training Applications
- Cost savings



## The President's New Freedom Commission: Recommendation 6.1

- Use health technology and telehealth to improve access and coordination of mental health care, especially for Americans in remote areas or in underserved populations.

(The Final Report of the President's New Freedom Commission, 2003 p. 79)



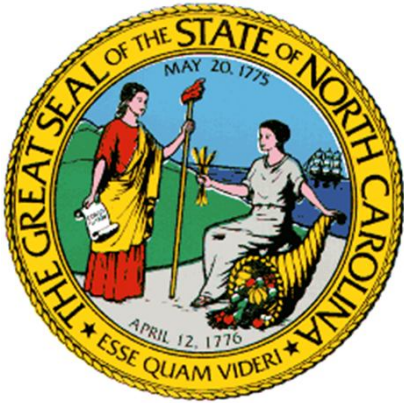


# NORTH CAROLINA

---

## STATEWIDE TELEPSYCHIATRY PROGRAM

This statewide program was developed in response to Session Law 2013-360 directing the N.C. Department of Health and Human Services' Office of Rural Health and Community Care to "oversee and monitor establishment and administration of a statewide telepsychiatry program." (G.S. 143B-139, 4B).



# **GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2013**

## **SESSION LAW 2013-360 SENATE BILL 402**

### **ESTABLISH STATEWIDE TELEPSYCHIATRY PROGRAM**

**SECTION 12A.2B.(a)** By no later than August 15, 2013, the Office of Rural Health and Community Care of the Department of Health and Human Services shall develop and submit to the Senate Appropriations Committee on Health and Human Services, the House Appropriations Subcommittee on Health and Human Services, the Joint Legislative Oversight Committee on Health and Human Services, and the Fiscal Research Division a plan to implement a statewide telepsychiatry program to be administered by East Carolina University Center for Telepsychiatry and e-Behavioral Health (ECU Center for Telepsychiatry) pursuant to a contract between the Department and ECU Center for Telepsychiatry. The plan shall be substantially similar to the Albemarle Hospital Foundation telepsychiatry project currently operating in 14 hospitals in eastern North Carolina and shall allow all hospitals licensed to operate in the State under Chapter 131E or Chapter 122C of the General Statutes to participate in the telepsychiatry program, either as a consultant site or as a referring site. As used in this section, the terms "consultant site" and "referring site" are as defined in G.S. 143B-139.4B(a).



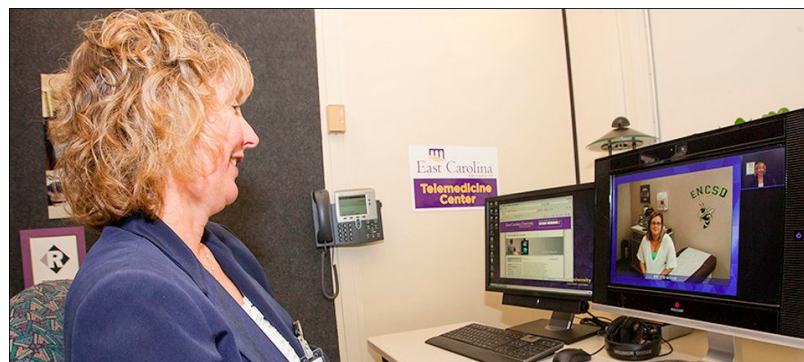
# NORTH CAROLINA

---

## STATEWIDE TELEPSYCHIATRY PROGRAM

- The Statewide Telepsychiatry Program builds upon two successful telepsychiatry programs in North Carolina:
  - East Carolina University's Center for Telepsychiatry and e-Behavioral Health (ECU Center for Telepsychiatry)
  - Duke Endowment/Albemarle Hospital Foundation Telepsychiatry Project.





# NC- STeP Vision

- To assure that if an individual experiencing an acute behavioral health crisis enters an emergency department, s/he will receive timely specialized psychiatric treatment through the statewide network in coordination with available and appropriate clinically relevant community resources.



NORTH CAROLINA  
STATEWIDE TELEPSYCHIATRY PROGRAM



**Statewide Telepsychiatry Program Plan**  
Section 12A.2B of North Carolina Session Law 2013-360

submitted to

Senate Appropriations Committee on Health and Human Services  
House Appropriations Subcommittee on Health and Human Services  
Joint Legislative Oversight Committee on Health and Human Services  
Fiscal Research Division

by

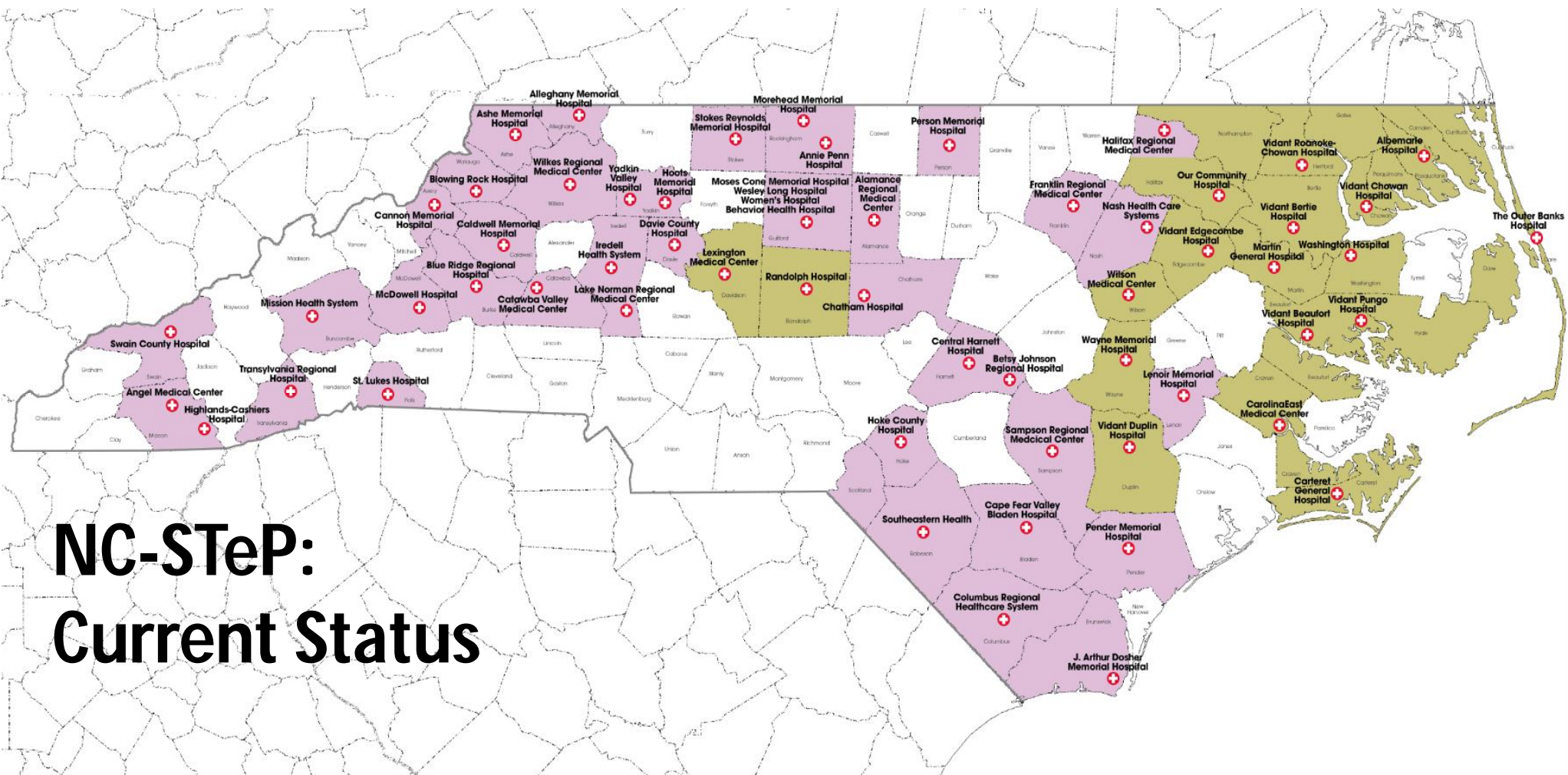
N.C. Department of Health and Human Services

August 15, 2013

**North Carolina Telepsychiatry Workgroup**

Member	Organization
Steve Clark	Albemarle Hospital
Sheila Davies	Albemarle Hospital Foundation
Phil Donahue	Albemarle Hospital Foundation
Dillon Carter	Campbell University
Will Woodell	Cardinal Innovations LME/MCO
Katie Kaney	Carolinas Healthcare
Chris Rich	Carolinas Healthcare
Jennifer Sarafin	Carolinas Healthcare
Wayne Sparks	Carolinas Healthcare
Dr. Mike Lancaster	Community Care of North Carolina
Jerold Greer	Daymark Recovery
Billy West	Daymark Recovery
Dr. Richard D'Alli	Duke University
Dr. Marvin Swartz	Duke University
Dr. Mike Kupecki	East Carolina Behavior Health LME/MCO
Michelle Brooks	East Carolina University
Brian Jowers	East Carolina University
Dr. Sy Saeed	East Carolina University
Karen Salacki	Eastpointe LME/MCO
Bryan Arkwright	Mission Health System
Dr. Art Eccleston	NC DHHS, Division of Mental Health
Dr. Nena Lekwauwa	NC DHHS, Division of Mental Health
Dr. Randall M Best	NC DHHS, Division of Medical Assistance
Courtney M. Cantrell	NC DHHS, Division of Medical Assistance
Carol Steckel	NC DHHS, Division of Medical Assistance
Chris Scarboro	NC Health Information Exchange
Mark Bell	NC Hospital Association
Jody Fleming	NC Hospital Association
Erica Nelson	NC Hospital Association
Mike Vicario	NC Hospital Association
Irene Watts	NC Hospital Association
Dr. Robin Cummings	NC Office of Rural Health and Community Care
Roy Gilbert	NC Office of Rural Health and Community Care
Jay Kennedy	NC Office of Rural Health and Community Care
Jo Haubenreiser	Novant Health
Anthony Ward	Sand Hills Center LME/MCH
Dennis Barry	Secretary's Office, DHHS
Dr. Jack Naftel	UNC Chapel Hill
Dr. Donald Rosenstein	UNC Chapel Hill
Daniel Van Lier	Vidant Health
Steve Scoggin	Wake Forest Baptist Health, CareNet







## Bottom line

- Demonstrated benefits – access, convenience, continuity of care
- Extensive technical and operational infrastructure
- Medicare, Medicaid, TriCare, BCBSNC, other 3<sup>rd</sup> party reimbursement
- Can include telemedicine in contracted services



# Lessons Learned

- Don't reinvent the wheel
- Make it accessible
- Build a strong infrastructure
- Invest in a "connected network"
- It's about relationships, not technology





N.C. Department of Health and Human Services

# Questions?